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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/720,330
Filing Date	11/24/03
First Named Inventor	McCormick, James B.
Art Unit	1744
Examiner Name	Bowers, Nathan Andrew
Attorney Docket Number	73643

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 021888☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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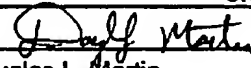
021888

OR

<input type="checkbox"/> Firm or Individual Name	Kevin M. Kercher				
Address	Thompson Coburn LLP One US Bank Plaza				
City	St. Louis	State	MO	Zip	63101
Country	USA				
Telephone	314-552-6345	Email	kkercher@thompsoncoburn.com		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Douglas L. Martin		
Date	3/20/07	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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